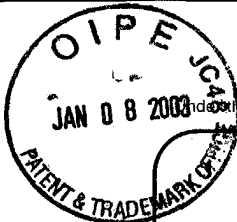


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## FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 750

### Complete if Known

Application Number	10/029,821
Filing Date	December 20, 2001
First Named Inventor	Michael Jeffrey Agnes
Examiner Name	Iraj A. Mohandesi
Group / Art Unit	2834
Attorney Docket No.	0275L-000527/CPB

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order	
<input type="checkbox"/> Deposit Account:	
Deposit Account Number	08-0750
Deposit Account Name	Harness, Dickey & Pierce, P.L.C.
The Commissioner is authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	
FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee (\$)
1001	750
1002	330
1003	520
1004	750
1005	160
2001	375
2002	165
2003	260
2004	375
2005	80
SUBTOTAL (1) (\$ 0)	
2. EXTRA CLAIM FEES	
Total Claims	-20 ** = 0
Independent Claims	-3 ** = 0
Multiple Dependent	X = 0
Large Entity	Small Entity
Fee Code	Fee (\$)
1202	18
1201	84
1203	280
1204	84
1205	18
2202	9
2201	42
2203	140
2204	42
2205	9
SUBTOTAL (2) (\$ 0)	

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code	Fee (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	410
1253	930
1254	1,450
1255	1,970
1401	320
1402	320
1403	280
1451	1,510
1452	110
1453	1,300
1501	1,300
1502	470
1503	630
1460	130
1807	50
1806	180
8021	40
1809	750
1810	750
1801	750
1802	900
SUBTOTAL (3) (\$ 750)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Scott T. Gray	Registration No. Attorney/Agent	48,891
Signature		Telephone	314 726-7500
		Date	January 8, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/029821

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	